

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>Jh,</i>		<i>3/30/00</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>J</i>	<i>8</i>	<i>3-24-00</i>
<b>FORMALITY REVIEW</b>	<i>718</i>	<i>71480</i>	<i>5-11-00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓ ✓	12/29/00
2 ✓ ✓	8/23/00
3 ✓ ✓	
4 ✓ ✓	
5 ✓ ✓	
6 0 0	
7 ✓ ✓	
8 ✓ ✓	
9 ✓ ✓	
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Claim	Date
Final	
Original	
51 11 8/23/00	
52 4 5	
53 5 7	
54 ✓ ✓	
55 ✓ ✓	
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57 ✓ ✓	
58 ✓ ✓	
59 ✓ ✓	
60 0 0	
61 0 0	
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Claim	Date
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